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CONFIRMATION NO. 3319

<b>SERIAL NUMBER</b> 10/540,386	<b>FILING OR 371(c) DATE</b> 06/23/2005 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 3749-0105PUS1	
<b>APPLICANTS</b> Yoshimochi Kurokawa, Sendai-shi, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/16065 12/16/2003 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-373975 12/25/2002 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">DR 6/12/06 DR 6/12/06</div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 6/12/06 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>DR</i> Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 2292					
<b>TITLE</b> Device for electrically stimulating stomach					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		